



## Restraint / Support Evaluation Continuation

RESIDENT'S NAME
DSHS NUMBER

**Restraint(s) and/or Secondary Postural Support System**

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

**Restraint(s) and/or Secondary Postural Support System**

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

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Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

**Restraint(s) and/or Secondary Postural Support System**

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

**Restraint(s) and/or Secondary Postural Support System**

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

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Reduction plan:

**Restraint(s) and/or Secondary Postural Support System**

Restraint / secondary postural:

Support system:

Justification:

Benefits of use:

Risk of use:

Risk of not using:

Alternatives used / considered:

Reduction plan:

**Restraint(s) and/or Secondary Postural Support System**

Restraint / secondary postural:

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Justification:

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